

## Preface to the *Journal of Cardiovascular Disease Research*, third issue 2011

It is a pleasure to present this year's third issue of the *Journal of Cardiovascular Disease Research* (JCDR) to our audience. Our editorial board is excited to observe continuous growth of the journal and its formation into a true multidisciplinary publication. In a short span of time, we were indexed in Scopus, PubMed, and other important national and international databases. The journal is continuing to receive very interesting and high-quality manuscripts from all over the world.

Continuous expansion of JCDR is also reflected on manuscripts in the field of cardiothoracic surgery. Given increasing involvement of cardiothoracic surgeons on an international level, we are creating a dedicated Section of Cardiothoracic Surgery in JCDR. Our editorial board is anticipating it to be very successful, and is observing its further development with great interest. It is an enormous privilege for me to spearhead this section in future editions of JCDR.

The articles in this issue cover a broad variety of topics from basic cardiovascular science to clinical cardiology and cardiovascular medicine and cardiothoracic surgery. In the following sections, I will briefly review the articles published in this issue, including an invited review, a review article, four original articles, a case report, two original articles in cardiothoracic surgery, and a letter to the editor.

Separate from the cardiovascular system, the lymphatic system has a unique function to regulate fluid homeostasis, assist in immune surveillance, and transport dietary lipids. In our invited review, Dr. Jones and Dr. Min summarize the development and growth of lymphatic vessels, highlight their critical role in various physiologic and pathologic processes, and discuss a possible connection between lymphatic dysfunction and cardiovascular diseases.

Sleep disorders are common side effects of beta-blocker drugs. Specifically, they have been shown to reduce the production of melatonin via specific inhibition of  $\beta_1$  adrenergic receptors. Dr. Fares reviewed the existing literature around this topic. Her summary of the current evidence suggests that supplemental exogenous melatonin reduces sleep disorder associated with beta-blockers.

Various risk factors responsible for hypertension and diabetes may disrupt nitric oxide homeostasis, potentiating endothelial dysfunction. Ayub *et al.* investigated the nitric oxide profile in patients with diabetes and hypertension, and found that the plasma concentration of nitric oxide was significantly lower in patients with essential hypertension and diabetes mellitus. The authors concluded that hyperglycemia and blood pressure have an immense influence on nitric oxide production.

Asymmetric dimethylarginine (ADMA) is a naturally occurring amino acid that inhibits nitric oxide synthase activity leading to the derangement of its vasoprotective and vasodilatory effects. Wang *et al.* investigated plasma ADMA and L-arginine levels in Chinese patients with essential hypertension and without coronary artery disease, and found that these patients had significantly higher ADMA levels and lower L-arginine to ADMA ratio than controls.

Kanth *et al.* evaluated genetic and environmental factors responsible for hyperhomocysteinemia in Indian population. Hyperhomocysteinemia has been widely linked to the early onset of heart disease. It could explain the increased risk of premature coronary artery disease in Indian patients, despite the fact that nearly half of them are vegetarians and lack many other traditional risk factors.

Ajayi *et al.* investigated ambulatory blood pressure variables in relation to left ventricular geometric patterns in Nigerian hypertensive patients. Authors found that the presence of left ventricular hypertrophy was associated with higher mean ambulatory systolic blood pressure, and lower nocturnal decline in systolic and diastolic blood pressures. These findings appeared to be worse in patients with eccentric left ventricular geometry.

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<b>Quick Response Code:</b> 	<b>Website:</b> <a href="http://www.jcdronline.com">www.jcdronline.com</a>
	<b>DOI:</b> 10.4103/0975-3583.85259

Eustachian valve endocarditis is a very rare and underdiagnosed condition, mostly caused by *S. aureus*. In this issue, Alreja *et al.* present two new cases of Eustachian valve endocarditis, including the first reported case caused by the vancomycin-resistant *S. aureus* strain.

Alizadeh *et al.* evaluated patients without history of recent ischemic stroke who experienced a syncope within the first month of coronary artery bypass grafting. They assessed electrophysiologic findings and head-up tilt test results in patients who did not have orthostatic blood pressure changes. The authors found that these category of patients usually had non-cardiac causes of syncope, especially those with prolonged bed rest after coronary artery bypass grafting.

Mohite *et al.* report a case of a 23-year-old female with myasthenia gravis. The patient required a thymectomy, performed by the authors through the modified L-shaped partial sternotomy. Specifically, the vertical arm of the median sternotomy was lateralized to the right by 0.5 to 1.0 cm. Authors suggest that this modification facilitates sternal retraction, minimizes risk of fracture of the opposite sternal flange, and offers improved sternal stability.

In the letter to the editor, our publishing Editor Dr. Mueen Ahmed talks about JCDR's commitment to publishing the articles of highest possible quality along with easily citable

formats. Published articles are easily available in different citation formats on JCDR website ([www.jcdronline.com](http://www.jcdronline.com)). Dr. Ahmed provides detailed instructions about how to export the citations in various formats.

At the end of this preface, I want to thank our readers and authors for their continuing interest in JCDR, and each and every member of our editorial and review boards for hard work and dedication, which made it possible to bring another issue of JCDR to our broad multidisciplinary international audience.

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**How to cite this article:** Tchantchaleishvili V. Preface to the *Journal of Cardiovascular Disease Research*, third issue 2011. *J Cardiovasc Dis Res* 2011;2:139-40.

#### Announcement

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